

Work Progress Report For Grant Year 2004
Submit Anytime From July 1 Through January 31, 2005

Authority: 1990 PA 345

Michigan Department of Labor & Economic Growth Bureau of Construction Codes & Fire Safety Office of Land Survey and Remonumentation 6546 Mercantile Way, P.O. Box 30704 Lansing, Michigan 48909 Telephone: (517) 241-6321 or Facsimile: (517) 241-6301	County of Grant #152004-480 __ __ MAIN Mail Code: Index: 02935 AOBJ: 1218 Federal I.D.
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**A SECOND PAYMENT OF UP TO 50% OF THE STATE GRANT AMOUNT, BASED UPON ACTUAL EXPENDITURES,
 MAY BE PAID AFTER JULY 1 OF THE 2004 GRANT YEAR**

	Column A	Column B	Column C	Column B + C	Column A - B
WORK PROGRAM CATEGORIES (items G, H, I and J)	Number of Corners in Approved 2004 Work Program	Number of PHYSICAL Corners Completed to Date	Number of Corners COMMON to another Township	Number of LCRCs Submitted	Balance Remaining to be Completed in 2004
G RESEARCH completed.					
H MONUMENTATION completed. Attach a copy of the recorded LCRC for each corner. If a common corner, attach one copy for each township. Enter each record for each corner, including common corners, completed on your database in each corresponding township. Submit records to the State on the web-based Corner Index System.					

STATE USE ONLY: Number of Records Received: _____ Total Number of 2004 LCRCs Received: _____

I Points with COORDINATES SET . Submit data that contains three-dimensional coordinates for NGRS stations and for all other stations or corners on the web-based Corner Index System.					
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STATE USE ONLY: Number of Records Received: _____ Certification Received? YES _____ NO _____

J Existing CONTROL STATIONS RECOVERED . Enter each recovery on a "Mark Recovery Form" according to the NOAA/NGS instructions on the NGS web site. Include a paper copy for the State's records.					
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STATE USE ONLY: Number of Mark Recovery Forms Received: _____

Amount Requested this Report: \$_____ (earned amount in excess of start-up 40% already received).

We certify to the best of our knowledge and belief this report is correct and complete and all expenditures are for the purposes set forth in and in compliance with all grant award/contract documents.

_____ Original Ink Signature of County Grant Administrator _____ Date	_____ Original Ink Signature of County Representative _____ Date
_____ Maynard R. Dyer, P.S., Director, Office of Land Survey and Remonumentation	_____ Date

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PAYMENT OF UP TO 50% OF THE STATE GRANT AMOUNT, BASED UPON ACTUAL EXPENDITURES,
 MAY BE PAID AFTER JULY 1 OF THE 2004 GRANT YEAR
 (Expenditures include state grant funds, county contributions, and expedited funds, if any.)

Work Program Expenditures By Line Item	WORK PROGRAM EXPENDITURES BY CATEGORY				Work Progress Report Total (add across)	State Use Only
	Column G	Column H	Column I	Column J		
	Research on Corners	Monumentation of Corners	Setting of Coordinates	Recovery of Control Stations		
Peer Group (PG)						
Contractual Survey Services (CSS)						
Supplies and Materials (S/M)						
Equipment (E)						
Administration (A)						
Total Work Progress Report Expenditures (add Column G, H, I, & J Down)	Column G	Column H	Column I	Column J	Grand Total Actual Expenditures (as of this report)	
					\$ _____	

STATE GRANT AMOUNT: \$ _____ **divided by** the TOTAL ANNUAL PROJECT BUDGET: \$ _____ **equals** the EARNED AMOUNT: \$ _____.

EARNED AMOUNT: \$ _____ **minus** START-UP 40% RECEIVED: \$ _____ **equals** the AMOUNT REQUESTED THIS REPORT: \$ _____ (enter this amount on Page 1).

COUNTY MUST PROVIDE A PRINTOUT FROM THE COUNTY TREASURER'S OFFICE DETAILING THE ACTIVITY OF THE SURVEY AND REMONUMENTATION GRANT (ACCOUNT 245) AS WELL AS A COPY OF ALL INVOICES FOR THE 2004 GRANT.

BRIEFLY DESCRIBE ON A SEPARATE SHEET OF PAPER ANY PROBLEMS, DELAYS, OR ADJUSTMENTS IN THE APPROVED WORK PROGRAM.

The Department of Labor & Economic Growth will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, disability or political beliefs. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.